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| **IDO ADJUDICATORS LICENSE REGISTRATION FORM** |

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| *First Name:* | *Surname:* | *Gender:* |
| *Address Line 1:* |
| *Address Line 2:*  | *City / Town:* |
| *Address Line 3:* | *State / Province / Region:* |
| *Zip / Postal Code:* | *Country:* |
| *Tel:* | *Mobile:* | *Fax:*       |
| *E-mail:* | *Date of Birth:* | *Country of Citizenship:* |
| *IDO License Number:* |
|  |
| *I hereby apply to become a registered license holder in the IDO Judges Data Base (J-DIES). In doing so I agree to accept and adhere to the IDO Statutes, Rules, Code of Conduct, and Dance Sport Rules.* |
| *Applicant’s Signature:* | *Date:* |
|  |
| *THE FOLLOWING IS FOR OFFICIAL USE ONLY: must be completed by an authorized representative from the IDO NMO.* |
| *Name:*       | *Position / Title:* |
| *IDO National member Organization:*       | *Seal or Authorized Signature:* |
| *E-mail:* | *IDO Password Code:* |

*This completed FORM must be sent to the IDO through the National Member Organization’s office of which the applicant resides. After acceptance, the NMO Office will forward the NMO approved form to:*

*SEN.VICEPRESIDENT@IDO-DANCE.COM*

